CANDIDATE COMMITTEE
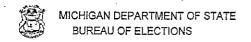## COVER PAGE
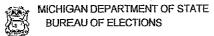
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 7/23/2012 to 8/27/2012

1. Committee I.D. Number 150309

4. Candidate Last Name: Luczak First Name: Cynthia A M.I.

4a. Office Sought Including District # or Community Served (If applicable)
Bay County Clerk

2. Committee Name
Cynthia Luczak Your County Clerk

4b. County of Residence

5. Committee's Mailing Address
808 Frost Drive
Bay City, MI 48706
Area Code and Phone (989) 686-4288

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Same

Area Code & Phone _____

7. Treasurer's Business Address
Same

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
n/a

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. [ ] Pre-Election OR 9b. [✓] Post-Election

9c. [ ] Annual Statement (_____ Coverage Year)

9d. [ ] Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

Pre-Election or Post-Election Statement relates to:

[✓] Primary   [ ] General

[ ] Convention   [ ] School

[ ] Special   [ ] Caucus

Date of Election, Convention or Caucus
8-7-2012

9e. [ ] Dissolution of Candidate Committee

Effective Date of Dissolution
_____

By checking this item, I\We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the $1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper: Cynthia A Luczak (Type or Print Name) / Cynthia A Luczak (Signature) — Date 8/29/12

Candidate: Cynthia A Luczak (Type or Print Name) / Cynthia A Luczak (Signature) — Date 8/29/12

Authority granted under P.A. 388 of 1976

1. Committee I.D. Number _150309_

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name _Cynthia Luczak Your Co Clerk_

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	_200.00_	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $		(18.) $
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	_200.00_	(20.) $

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	_0.00_	(21.) $
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	_0.00_	(22.) $

EXPENDITURES

8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	_517.00_	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $		
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	_517.00_	(23.) $

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $		
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $		(24.) $

DEBTS AND OBLIGATIONS
12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)	(12a.) $	_4,000.00_	
b. Owed to the Committee (Schedule 1E)	(12b.) $		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	_1,973.61_
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	_200.00_
15. SUBTOTAL Add lines 13 and 14	(15.) = $	_2173.61_
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	_517.00_
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	_1,656.61_ *

MICHIGAN DEPARTMENT OF STATE
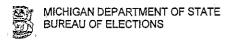BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number _150309_

2. Committee Name _Chuzzah Your No Clerk_

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1   PAC Receipt? [ ] YES   **4. Date of Receipt** _8/3/2012_

Name & Address:

Dave LeRoux
2388 Copper Creek Dr. Bay City, MI 48706 $ _200.00_ $ _____

5. If over $100.00 cumulative, please provide:

Occupation _business owner_   Employer _Motor fun Distribution_   Click Here for Memo Itemization

Business Address _3700 S. Huron Road, Bay City 48706_

Type of Contribution: [V] Direct   [ ] Loan from a person   [ ] Fund Raiser

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3. Contribution #2   PAC Receipt? [ ] YES   **4. Date of Receipt** _____

Name & Address

  $ _____ $ _____

5. If over $100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____   Employer _____

Business Address _____

Type of Contribution: [ ] Direct   [ ] Loan from a person   [ ] Fund Raiser

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3. Contribution # 3   PAC Receipt? [ ] YES   **4. Date of Receipt** _____

Name & Address:

  $ _____ $ _____

5. If over $100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____   Employer _____

Business Address _____

Type of Contribution: [ ] Direct   [ ] Loan from a person   [ ] Fund Raiser

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3. Contribution # 4   PAC Receipt? [ ] YES   **4. Date of Receipt** _____

Name & Address

  $ _____ $ _____

5. If over $100.00 cumulative, please provide: Click Here for Memo Itemization

Occupation _____   Employer _____

Business Address _____

Type of Contribution: [ ] Direct   [ ] Loan from a person   [ ] Fund Raiser

---

Page Subtotal | _200.00_

Grand Total of All Schedules 1A (Complete on last page of Schedule) | _200.00_

Enter this total on line 3a of Summary Page.

Page _____ of _____

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number *150309*

2. Committee Name *Cynthia Lucras Your No Clerk*

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount

Expenditure #1

Name *Bay Co 4-H Livestock Auction*

Address *515 Center Ave.*
Bay City, MI 48708

☐ Fund Raiser

Purpose: *County auction for 4-H livestock*

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Date *8/9/12* $ *385.00*

Expenditure #2

Name *Bay City Times*

Address *301 Fifth Street*
Bay City, MI 48708

☐ Fund Raiser

Purpose: *appreciation picnic notice*

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Date *8/24/12* $ *132.00*

Expenditure #3

Name

Address

☐ Fund Raiser

Purpose: _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Date _____ $ _____

Expenditure #4

Name

Address

☐ Fund Raiser

Purpose: _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Date _____ $ _____

Expenditure #5

Name

Address

☐ Fund Raiser

Purpose: _____

Click Here for Memo Itemization Type

☐ Check box if this expenditure is payment of debt or obligation reported on previous statement

Date _____ $ _____

Subtotal this page	*517.00*
Grand Total of all Schedules 1B (Complete on last page of Schedule)	*517.00*

Enter this total on line 8a of _____
Summary Page